



VJP Strategic Objectives Related to Stigmatization of Veterans with Criminal Justice History

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Veterans Health Administration, Veterans
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By the VA VISN-5 Mental Illness Research
Education & Clinical Center (MIRECC)**

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Executive Summary

Purpose & Introduction

The Veterans Justice Programs (VJP) office within the VHA National Homeless Programs Office at the Veterans Affairs Central Office (VACO) has included “Assessing and combatting the stigmatization of justice-involved Veterans” in its original and revised strategic plans. The activities reported herein further these objectives by offering a summary of research and real-life observations on the problem and suggestions for ameliorating it.

This report covers Year 1 of an approved quality improvement project carried out by the VISN-5 MIRECC led by Dr. Alicia Lucksted, in partnership with the VJP VACO leadership team. Year 2 activities will involve developing and delivering trainings, educational or reference materials, and other action items to address the issues raised and implement some of the suggestions enumerated in this report.

It is well known that most justice-involved Veterans contend with mental health, substance use, financial, family, employment, and/or housing challenges, among others. It is also well known that people experiencing these life and health conditions are often subject to stereotypes, prejudices, and discrimination. Many Veterans also face prejudice against their social identities, such as racism, sexism, and stereotypes about being a Veteran. In this report we seek to add actionable specificity to this intersectional matrix, so as to assist VJP in its strategic planning.

Methods & Information Sources

Year 1 was “designed to inform optimal ways that VJP can understand current impacts of stigmatization” for justice-involved Veterans. To do so the MIRECC team drew from 5 information sources:

1. Literature Review: We conducted a systematic literature review across numerous indexing platforms, augmented by relevant reports and publications from reference lists, the VACO VJP leadership team, and our own files.
2. VJP Specialist Interviews: We interviewed 25 VJP Specialists from across the country by phone (March-June, 2021; 40-60 min each) augmented by email responses to interview questions from 5 additional Specialists.
3. Peer Specialist Focus Groups: We conducted 2 focus groups of Peer Specialists working with justice-involved Veterans (August & October 2021) involving 13 individuals from diverse positions and locations.
4. Veteran Client Focus Group: We also conducted one focus group comprised of Veterans assisted by VJP Specialists.
5. Consultation Hours: Dr. Lucksted hosted 10 informal drop-in video-conference conversation hours (April 2021 – Jan 2022), to which all VJP Specialists were invited, to discuss and address stigma-related challenges in their work.

Key Findings:

- While the challenges faced by justice-involved Veterans and related poor outcomes are well documented, the role of stigmatization (stereotypes, prejudice, and discrimination) is severely under-examined.
- The stigmatization that justice-involved Veterans face combines prejudices against people with legal involvement (prison, probation...), health conditions (mental health, substance use problems...), life conditions (homelessness, unemployment...), and/or minoritized social identities (of race, gender, etc.) in personalized combinations.
- An individual Veteran’s experiences of stigma are also shaped by personal situation, common strong societal generalizations about Veterans generally, and by the individual’s degree of internalizing any/all of these.
- This report details the stigmatization of justice-involved Veterans in health care, housing (with an emphasis on prejudice and sometimes exclusion from VA healthcare and housing programs), courts, with VA police, and jobs.
- It emphasizes the experiences and observations of VJP field Specialists regarding these problems, their efforts to educate other professionals who interact with justice-involved Veterans, their advocating for and with justice-involved Veterans, and the challenges and prejudice Specialists face in doing so.

- The published literature and both Specialists' and Veterans' accounts make clear that the stigmatization of justice-involved Veterans is a major factor in their sub-optimal engagement in mental health, somatic health, and substance misuse treatment; and in other VA and community programs and supports they are entitled to and need.
- Over-documentation of Veterans' legal details in CPRS and other health records, even contrary to VHA mandates, is a widespread problem that frequently provokes prejudicial attitudes and actions by VA health providers.
- Housing programs, both VA and contractual, often knowingly avoid or exclude serving justice-involved Veterans.
- People using mental health or substance use treatments are often denigrated by stereotypes (weak, untrustworthy, out of control) that overlap those levied against justice-involvement, exacerbating stigmatization of each.
- Certain interpretations of military values can reinforce harmful myths about these conditions & services.
- Internalizing any of these stereotypes and biases into one's own self-beliefs (internalized stigma aka self-stigma) is common and hazardous for justice-involved Veterans and anyone. Internalized stigma usually happens without awareness and can be terribly corrosive to a Veteran's coping persistence, agency, hope, self-care, and self-concept.

Suggestions

A major part of our interviews and focus groups was asking VJP Specialists and others for suggestions to support their efforts and make their work dealing with stigmatization easier. Below are the broad categories of their many suggestions, detailed in this report. VJO will use these to help form Y2 action project priorities.

- Information packaged for easy distribution to colleagues regarding the nature and value of VJP Specialists' work
- Documentation of the wide-spread benefits of assisting justice-involved Veterans, including cost benefits to VA
- Education for Specialists themselves, and that they can easily convey to others, about the harms caused by stigmatization and internalized stigma, and strategies for ameliorating both
- Techniques other than information to sensitize providers, interrupt stigmatization in the moment, facilitate change
- Skill building for Specialists re advocating for change within their work spheres and related boundaries
- Skill building for Specialists re talking with justice-involved Veterans about (self) stigmatization, within Specialist job parameters
- Reiteration of guidance regarding CPRS and other documentation of justice-involved Veterans' personal information
- Information and enforcement re housing and employment discrimination against justice-involved Veterans
- Gathering and communicating success stories of justice-involved Veterans that counter negative stereotypes
- Publicly recognizing individuals and programs acting positively to help justice-involved Veterans and resist stigma.
- Creating additional ways that Specialists can compare notes, discuss, and support each other on challenging topics related to stigma
- Create opportunities for stigma-related conversations across disciplines, such as with medical and mental health providers, housing programs, court personnel, VA police, etc
- Adjustments to VJP Specialist job expectations to facilitate addressing stigmatization
- Increasing peer support among justice-involved Veterans, and support for Peer Specialists working with them
- Increasing other empowering resources for justice-involved Veterans such as peer mentoring, mutual support.

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Purpose & Scope of This Project

In July 2020, a memorandum of understanding (MOU) was signed between the Veterans Justice Programs (VJP) office within VHA National Homeless Programs Office at the Veterans Affairs Central Office (VACO) and the VA VISN-5 Mental Illness Research Education & Clinical Center (MIRECC) at the VA Maryland Health Care System. It specified activities to be led by Alicia Lucksted, PhD, a VISN-5 MIRECC research investigator, assisted by MIRECC staff.

In requesting this work, the VJP is motivated by the need to reduce the harms caused by stigmatization for Veterans with justice involvement, recognizing that they experience numerous health conditions, life conditions, and social identities that are commonly stereotyped and denigrated. As such, VJP has included “Assessing and combatting the stigmatization of justice-involved Veterans” in both its original and currently revised strategic plans. Therefore, in articulating the purpose of this partnership project the MOU states, “to improve program effectiveness and reach, it is essential that VJP leaders and front-line staff have access to data about the ways in which stigmatization is experienced by the Veterans VJP serves in order to answer questions of emerging importance and improve policy and practice... either through empirical research review or from direct feedback from stakeholders inclusive of Veterans and VJP staff.” All activities under this MOU were approved as a national Quality Improvement project (Monica Diaz, Exec. Dir. VHA Homeless Programs, 11/12/2020, letter on file).

This report is the Year 1 product of that agreement, detailing the above empirical research review and direct feedback from stakeholders. The activities comprising it were carried out by the VA VISN-5 MIRECC headquartered in Baltimore Maryland. Specifically, Dr. Alicia Lucksted, a research investigator at the MIRECC led the team; Ms. Lynn Plater was project coordinator for the first 2/3 of the year, followed by Ms. Justine Glieger; Ms. Demitria Deriggs was research assistant for the first ¼ of the year; Dr. Amy Drapalski aided and conducted interviews; and Ms. Lorrienne Kuykendall and Ms. Maddison Taylor volunteered valuable additional assistance while not formally assigned to this project. Throughout all activities, the MIRECC team met at least monthly with VJP VACO leadership for feedback and input, and corresponded/met with Matt Stimmel as needed for questions and operational details.

Year 1 of this project was “designed to inform optimal ways that VJP can understand current impacts of stigmatization of Veterans with criminal justice involvement.” Specifically, Year 1 activities included reviewing and summarizing current research knowledge of the “stigmatization of Justice-involved Veterans”, in-depth phone interviews with VJP Specialists from across the country, focus groups with Peer Specialists working with justice-involved Veterans and one with Veterans assisted through VJP, and 10 monthly Consultation Hours of informal problem-solving discussion with additional VJP Specialists. All were designed to capture their experiences, observations, and suggestions regarding stigmatization in the lives of justice-involved Veterans and their work on such Veterans behalf.

The results reported herein are designed to inform Year 2 activities to create “and provide specific training and implementation tools to address stigmatization with both internal and external VJP partners....[so as to] directly impact the care of justice-involved Veterans” and other possible activities. A combination of (a) adding additional activities to Year 1 such as Peer Specialist Focus groups and Consultation hour, (b) pandemic disruptions in operations, and (c) staff turnover at MIRECC necessitated Year 1 activities to stretch beyond the end of the fiscal year. Hence this Year 1 report being submitted in January 2022. We look forward to working with the VACO VJP Leadership on Y2 activities.

Stigmatization: A social process in which stereotypes, biases, and animus are manifested in attitudes and actions towards people (perceived to be) members of one or more marginalized social identities or life / health conditions, at interpersonal, group, institutional, and/or societal levels.

Experienced Stigma: One term for the experiences of being a target of stigmatization.

Anticipated Stigma: Knowing that stigmatization of a personally relevant identity or condition is common, and therefore feeling concern, worry, or a need to prepare and steel oneself.

Internalized Stigma: (aka “self stigma”) When stigmatization of a personally relevant identity or condition seeps into one’s thinking as if true of oneself. Akin to breathing in air pollution, one often cannot help but absorb some of the negative messages from one’s social environment. Stigma is Social Pollution.

Methods

Literature Review

Our review of relevant literature for this project occurred in three phases. First, we gathered together key publications that we (MIRECC) or the VJP VACO Team already knew and found valuable regarding stigmatization and justice involved Veterans. These ranged from VJP's own reports to published research.

Second, and the most substantial, we worked with both VA and University of Maryland reference librarians about conducting a thorough systematic literature search. We were able to use Covidence systematic literature review software through U of MD to facilitate the process, and reference librarians there helped us ensure our searching strategy was comprehensive. The systematic search process included (a) brainstorming search words and combinations to "capture" our desired topics, (b) testing those across multiple literature indexing platforms (e.g., Ebsco, MedLine, PsychInfo, etc), (c) refining, finalizing, and rerunning the searches on all platforms. This resulted in 1280 potential sources, excluding duplicates. Using systemic review procedures, our team then (d) screened the titles and abstracts of each potential source, with a second person screening any deemed "maybe." This step screened out 1092 of the 1280 possible sources, leaving 188. Following the next step in systemic reviews, we then (3) reviewed the full text of all 188 for relevance to this project. Many are cited here in, others we read for background, and some proved outside the scope of our focus.

Third, since completion of the systemic review we have monitored published literature for recent articles to include here. We have also "stumbled upon" a few additional sources in the course of doing this work and have looked up a few general knowledge citations needed for background.

VJP Specialist Interviews

Recruitment & Participation. VJP Specialists nationally were invited to be interviewed for this project. An agreed upon text was sent via the relevant national email group on 3-16-2021, which resulted in 18 completed interviews by May 2021. This sample did not include any Specialists from several sections of the country. Therefore, with the VACO team's approval, we randomized the names of all Specialists in the needed geographic areas and sent the interview invitation to small subsets (between 5/17/2021 & 6/2/2021) until we had 25 completed interviews. Later (7-29-2021) we sent a final email inviting all Specialists who had not been interviewed to reply to 4 key questions from the interviews via email. This resulted in 5 additional responses which we included in the data analysis. Thus, our data consisted of 25 recorded interviews + 5 briefer email responses, for a total n=29 Specialists taking part.

Interview Guide. These interviews were designed to be, "semi-structured," – following the project's focus but with flexibility to follow where a given interviewee thought important or had depth of experience. The interview guide was designed by Dr. Lucksted based on the MOU and with input from the rest of the MIRECC team. A draft was then shared with the VJP VACO team for feedback, adding a few questions. The final version may be found in Appendix A.

Conducting the Interviews. Our project coordinator, Lynn Plater, responded to and tracked interview correspondence and scheduling. One of three team members trained and experienced in semi-structured interviews of this type (Lucksted, Drapalski, Plater) conducted each interview. To prepare, interviewers reviewed the Specialist job description and VJP defining documents.

Interviews were conducted over Teams at a convenient time for the participants and were audio-recorded. Before and at the start of each interview, interviewees were oriented to the nature and purpose of this project and the interview. This included that interviews were voluntary and confidential, in that we (MIRECC team) do not tell the interviewee's facility nor VACO/VJP who we interviewed or who declined, to promote candor and reassure interviewees regarding talking about issues related to their employment. Each interviewee was encouraged to ask questions about any aspect of the project or interview. If an interviewee cancelled or did not attend an interview, we attempted to reschedule and were usually successful.

Data Processing. Interview audio-recordings were saved on a secure VA server under two layers of password protection. The recordings were then transcribed in two steps: (1) using the audio-to-transcript feature of VA-Stream to generate a rough transcript, and then (2) having a team member complete and correct the generated transcript by listening to the recording while proofreading the transcript. We removed any potentially identifying details (names, locations, etc.) during this process.

Interview Data Analysis. We employed recommended thematic analysis principles and practices, focusing on the project's purpose. A team member summarized each interview from its transcript, following a template we created from the interview guide and interviewers' experiences talking with the Specialists. They used the interviews transcript and the interviewer's field note for that interview to complete the summary. The team met regularly to review and discuss these summaries regarding commonalities and variations. These discussions then informed the second phase of analysis: integrating the data across interviews within each topic, while also identifying higher order cross-topic themes as well. In this second phase, one team member summarized data across interviews for each topic, and then Dr. Lucksted reviewed and refined these and articulated the final form of additional cross-cutting themes.

Peer Specialist Focus Groups

Recruitment & Participation. In July 2021 the VACO VJP team and Dr. Lucksted agreed to add two focus groups of VA Peer Specialists working with justice-involved Veterans to this project, and to conduct them before the Veteran Client data collection. The VJP VACO team provided the names and emails of 19 Peer Specialists who had at least one encounter in a clinic with a VJP or HCRV stop code, regardless of their primary program affiliation. On 8-2-201 we sent out agreed upon invitation text to each one. This returned interest from 10 Peer Specialists plus two who contacted us to say their jobs do not include working with justice-involved Veterans. The project coordinator (Lynn Plater, then Justine Glieger) responded to and tracked participant correspondence and scheduling. Eight Peer Specialists attended the first focus group, on 8-17-2021. For the second group, we arranged a date/time that accommodated the three Peer Specialists who had expressed interest in Group #1 but could not attend. Scheduling was challenging. Eventually we sent the Group #2 invitation to those 3 plus the 6 other Peer Specialists on the list we had not heard from. A total of 6 expressed interest in attending, and 5 did take part. Group #2 was held on 10/19/2021.

Focus Group Guide. The semi-structured focus group guide was designed by Dr. Lucksted, tailored to the focus of this project and the role of Peer Specialists. A copy of it can be found in Appendix A .

Conducting the Focus Groups. Dr. Lucksted conducted both focus groups, via Teams, assisted by Ms. Plater. At the start of the focus groups, participants were oriented to the nature and purpose of the project and focus group and invited to ask questions. We emphasized that interviews were voluntary and confidential, including that we (MIRECC team) do not tell anyone at the participants facility nor VACO/VJP who we interviewed or who declined, to promote candor and reassure interviewees regarding talking about issues related to their employment.

Data Processing. Due to the time-consuming difficulties of transcribing focus groups (with multiple people talking at once) we instead worked directly from the recording. One team member attended each focus group and took notes of key points during it, then a second team member listened to the recording while reviewing the notes to add to and check them, after which Dr. Lucksted again reviewed the notes and recordings. These notes and the accompanying recording then constitute the data for the Focus Groups.

Focus Group Data Analysis. Dr. Lucksted then analyzed the focus group data thematically, following similar procedures as described above for interviews. When clearly fitting, results were organized by themes/topics already identified in the literature and/or VJP Specialist interviews to facilitate later integration of ideas and implications across data sources. However, this was not forced, so as to preserve and carry forward unique issues and ideas contributed by the Peer Specialists who took part.

Veteran Client Focus Group

Recruitment & Participation. To include information directly from Veterans who are clients of VJP assistance, the MIRECC and VJP VACO teams worked together to invite such Veterans to take part in a focus group. Having no direct contact with these Veterans, we circulated an invitation/recruitment flier to the national VJP Specialist email group, asking Specialists to distribute the information to Veterans with whom they work. This was provided in various format, optimized for email vs paper distribution. Reminders were provided at several VJP network phone/video conference calls. The MIRECC project coordinator received responses and facilitated scheduling. Over two weeks, 7 Veterans expressed interest in taking part by contacting the MIRECC team per information on the flier. Five of these responded to scheduling preference queries. Once we set a time for the focus group, the invitation was sent to all 7; 3 attended.

While the original plan was to conduct two focus groups with Veteran Clients of VJP, the low response rate, difficulties in scheduling, and Y1 timeline of this project precluded organizing a second group. Instead, Dr. Lucksted made two attempts to contact each of the other 4 Veterans who had expressed interest to invite their individual responses to key questions via phone interview. Unfortunately, none responded.

Focus Group Guide. The semi-structured focus group guide for Veteran clients was designed by Dr. Lucksted after discussion with the VJP VACO team and patterned after the previous interview and focus group guide, adapted for this sample. A copy can be found in Appendix A .

Conducting the Focus Groups. Dr. Lucksted conducted the focus group, assisted by Ms. Glieger, via Teams. Before discussion began, participants were oriented to the nature and purpose of the project and focus group and invited to ask questions. We emphasized that taking part was voluntary and confidential, including that we (MIRECC team) would not tell anyone affiliated with the Veterans' services (e.g., VJP Specialist) nor the VJP VACP team who took part or declined, or what any individual said.

Data Processing & Analysis. Like the VJP Specialist interviews, we recorded this focus group *and* Ms. Glieger took notes. We then added detail to these notes afterwards by listening to the recording. Dr. Lucksted then organized this summary of Veterans' comments according to the themes and topics emerging across data sources (above) plus the unique contributions of this stakeholder group.

While small (n=3) the discussion was wide ranging and very informative. Nonetheless, we recommend that VJP develop additional avenues for incorporating ideas and feedback from, "client," Veterans into their strategic planning and projects.

Consultation Hour as Ancillary Information Source

Starting in April 2021 Dr. Lucksted began offering a monthly drop-in informal consultation "office hour" for VJP Specialists nationwide, by mutual agreement with the VACO VJP Team. Initially this was conceptualized as a way to offer practical assistance and support to Specialists contending with stigma experienced by the Veterans they assist. It quickly became clear that these monthly sessions were also a valuable additional source of information from VJP Specialists about the types and dynamics of stigmatization they observed and experienced in their daily work.

Between 4-20-2021 and 1-18-2022 Dr. Lucksted held 10 such consultation hours (they are ongoing). VJP Specialist attendance has ranged from 7-21 people, prompted by a recurring Teams meeting and monthly reminder. At each, Dr. Lucksted facilitated discussion, balancing between inviting attendees to initiate topic or concerns for discussion and offering information that may be helpful from research, clinical, and practical sources. She also took notes of the issues, situations, concerns, and strategies shared in the discussion and then subjected them to summarizing and thematic analysis similar to that for other information sources. VJP Specialists who have attended consistently say they appreciate VJP paying attention to stigma (including the consultation hour).

Findings

We have organized the results topically, presenting literature review and results from the various stakeholder data sources within each topic rather than separate Results sections for each data source. We chose this method to provide the most integrated and efficient presentation of findings, and because the literature and our focus group and interview results overlap considerably.

Very little published research focuses on this project's focal question: what types of stigmatization do justice-involved veterans commonly encounter, with what effects, and what would help? At the same time, there is literature addressing pieces of this picture – stigmatization and Veteran treatment courts, stigmatization and Veteran mental health concerns, stigmatization, and intersectional identities among Veterans, etc. Therefore, in this report we review both holistic knowledge where it exists (meaning Veterans x justice involvement x stigmatization) and supplement that with focused reviews of component areas (for example: stigmatization x incarceration generally, or stigmatization x Veteran mental health needs).

1. The Absence of Research on Stigma & Justice Involved Veterans

One striking finding in our literature review is the absence of discussions of stigma in published work regarding justice-involved veterans. Even in reviews and studies where one might logically expect it to be discussed it is often absent. Early publications about VJP itself provide examples. In an early published description of VJP and its national implementation (Bell-Howell, 2013) the various forms of stigmatization faced by its focus Veterans are not mentioned. Blodgett et al.'s 2013 review of the healthcare needs of Veterans served by VJO states up front that the impact of social environmental factors including stigma is outside its scope. Similarly, while almost half of the 2016 US GAO report about VJO is devoted to challenges in its work, stigmatization (or discrimination, prejudice) faced by justice-involved Veterans is not mentioned (U.S. Government Accountability Office, 2016).

This same absence is common in other relevant work, such as regarding Veterans' legal involvement (e.g., Weaver et al., 2013), Veteran Treatment Courts (VTCs; Timko et al., 2016; Cheesman & Broschius, 2015; Knudsen & Wingenfeld, 2016), predictors of success vs recidivism among participating Veterans (Johnson et al., 2015; Blonigen et al., 2016), or during re-entry after prison (Tsai et al., 2013). Even some publications regarding the prevalence of mental health problems (Blodgett et al., 2015) and unmet health needs (Finlay et al., 2019) among justice-involved Veterans do not mention stigma or other forms of discrimination or prejudice. Even in 2020, research regarding Veterans and legal involvement more often than not focuses on individual-level, "criminogenic risk factors," and does not address social determinants nor the corrosive effects of societal prejudice and discrimination, also known as stigma (Coté et al., 2020).

This is especially notable given research showing that "social determinants of health" have important impacts on the mortality and morbidity of justice-involved Veterans (LePage et al., 2013; Elbogin et al., 2012). Rather than as a criticism of VJO publications or the wider body of research, we point out this absence as an indication of how recently stigma has come to be seen as a topic needing attention in optimizing outcomes for justice-involved Veterans. It is also worth noting that such work is challenging to carry out – data on social environment factors can be difficult to gather, ethics boards often have exacting standards for involving people with compromised autonomy (such as justice involvement) in research, rigorous designs require more resources than often available, and the populations' needs are complex so single "interventions" are usually insufficient.

2. Stigmatization of Incarceration and Other Justice Involvement

Being or having been incarcerated is widely associated with negative stereotypes - untrustworthiness, dangerousness, assumed recidivism (LeBel, 2012); these usually extend to other forms of justice-involvement as well (Martin et al.,

2020). The bias and discrimination stemming from these stereotypes have profound effects on justice-involved individuals whether Veterans or not (Tyler & Brockmann, 2017), including elevated distress, narrowing social networks, diminished social support, avoidance of needed health care, and increases for many risk factors (Martin et al., 2020).

Post-incarceration, most people report experiencing discrimination (housing, employment, services) and social rejection in the U.S. and abroad (Keene, Smoyer, & Blankenship, 2018; LeBel, 2012; Abbott, Magin, Davison, & Hu, 2017; Chui & Cheng, 2013). These experiences, and anticipating them, frequently spark embarrassment, shame, low self-esteem and self-confidence, furtiveness, and the internalization of stigmatizing messages which impede self-care and goal attainment (Evans, Pelletier, & Szkola, 2018; Moore, Stuewig, & Tangney, 2016). Stigma can also beget further stigmatization, such as the observation that discrimination in housing often results in sub-standard living conditions which perpetuate internalized stigma and catalyzes additional stigmatization associated with classism (Keene, Smoyer, & Blankenship, 2018). Or Farbee's linking of incarceration stigma with denigration of a person's mental health needs (Farabee, Hall, Zaheer, & Joshi, 2019).

Such experiences lead many justice-involved individuals to feel chronically skeptical about their future, hypervigilant about interpersonal interactions, fearful of disclosure, insecure, and severely limited in their options – degrading their hope and coping persistence (vanOlphen et al., 2009). For example, regarding employment, believing one will be able to get only low-level jobs (Sinko et al., 2020) and will be the first blamed if something goes wrong (Chui & Cheng 2013; LePage, Crawford, & Philippe, 2018), so why try for anything else? Unfortunately, these beliefs are too often reinforced by experience. The main points from McDonough et al.'s 2015 report - prepared for VJP regarding challenges and strategies for improving employment among justice-involved Veterans - are still current: employer reluctance to hire justice-involved individuals due to stereotypical overgeneralizations, the discriminatory nature of pre-employment background checks, heightened scrutiny in hiring and probationary periods. Other research concurs (e.g., Tsai, et al., 2018). Not surprisingly, the dynamics of incarceration stigma also interact powerfully with racist stereotypes and disparities (e.g., Moore, Stuewig & Tangney, 2013, 2016; Moore, Tangney, & Stuewig, 2016).

3. Stigmatization in Housing and Employment

In keeping with this literature, the most prominent stigma-related need described by the VJP Specialists and others we interviewed was a lack of available housing, followed closely by barriers to employment and to physical and mental health care. Many housing and employment opportunities – whether VA, VA-contractors, or independent - simply refuse to accept Veterans with any kind of justice involvement, deeming them “high risk” and too burdensome to serve. Consultation hour conversations included numerous examples of VA and non-VA housing programs disallowing a Veteran's application even if they see an arrest without any conviction at all.

Specialists noted that stereotypes of justice-involved Veterans as dangerous and characterologically flawed, irresponsible, and incapable of change drives much of this. Such beliefs lead many housing and employment programs (and employers) to exclude justice-involved Veterans, deeming them, “too much work,” “too risky,” and likely to, “make [the program's] stats look bad,” or lead to, “bad publicity.” Peer Specialists noted that this exclusion extends to many education and training programs, by which justice-involved Veterans might improve their employment options. Almost all uniformly exclude Veterans convicted of sexual crimes, regardless of their behavioral history while incarcerated.

Housing Programs

A number of Specialists cited perpetual stigmatization in and exclusion from VA residential services, including the Domiciliary Care Program. For example, programs/providers might run background checks on referred Veterans and denying care to Veterans with pending criminal cases because they might have to leave the premises for court appointments, contrary to VA's Office of General Counsel guidance. A VA-contracted residential program recently added new language into their VA-approved contract excluding anyone with any legal conviction (no matter type or how long

ago) or even pending charges. Other VA and community homelessness prevention programs were described as more indirectly excluding justice-involved Veterans by requiring things of residents that conflict with the needs of justice-involved individuals, such as a program's schedule requirements vs the Veteran's court or probation reporting requirements.

Specialists described trying to intervene to reduce such problems and shield justice-involved Veterans from them, but often not even applying to certain housing programs because they know the justice-involved Veteran will be rejected. One specialist described attending meetings with the local Domiciliary Care Program because of the severity and frequency of prejudice the Dom staff exhibited toward justice-involved Veterans. Additionally, the long wait times and difficult qualifying criteria for HUD/VASH in many places further reduces options for justice-involved Veterans. The situation is so grave that a few Specialists described Veterans purposely getting re-arrested to gain access to housing and medical care.

Outside of housing *programs*, VJP and Peer Specialists both emphasized that the same barriers among landlords and property management companies create very narrow housing options for justice-involved Veterans. And that this has negative effects on their well-being. One Peer Specialist quoted a frustrated Veteran as saying, "You want me to do better but you got me a house next to prostitution and drug dealers?"

Employment

In addition to the general obstacle of employers and employment programs mostly excluding justice-involved individuals, VJP Specialists and Peer Specialists shared two additional observations.

First, the Peer Specialists emphasized that they often hear Veterans belittling themselves and assuming their work and life opportunities will be severely limited because of their legal record, saying things like, "I'm not ever going to be able to do anything but landscaping." In their experience such internalized stigma is reinforced by many in the general community who seem to misunderstand the skills of Veterans and assume they, "should just be in janitorial jobs and the like." Additionally, they noted that (in their experience) this is further reinforced at VA facilities that have been unwilling to hire justice-involved Veterans despite anti-discrimination regulations to the contrary, or subject them to more scrutiny on the job than other employees.

Second, the VJP Specialists emphasized, "finding your allies." One cited their state Department of Rehabilitation, which has an office inside the court building and is very active in finding employers who will employ justice-involved Veterans. Another lauded a certain local judge who called a prospective employer to vouch for a VTC graduate after the employer had told the Veteran they were well suited to the job but wouldn't be hired due to their record. A third spoke of allies at their VA's Compensated Work Therapy program who come to the VTC to check on clients and speak up on their behalf. More generically, some thought that the COVID-related labor shortage might be a sliver of opportunity in that some employers might be more willing to hire justice-involved individuals.

4. Stigmatization Creates VA Healthcare Barriers

These same stereotypes and assumptions very often creep into VA healthcare documentation and other communication from VA providers, according to many of the VJP Specialists (interviews, consultation hours) and Peer Specialists (focus groups) we spoke with, causing parallel barriers to healthcare. They described ongoing difficulties caused by problem lists and chart notes containing therapeutically unnecessary (and proscribed) details of criminal history or specific charges and stigmatizing terminology. In some locations this was a frequent problem; other Specialists said they encounter it rarely. When it happens, it has profound effects for Veterans' care. Some providers and programs draw negative assumptions about a Veteran from this information and language, such as that s/he is inappropriate for their program, too dangerous to see, or, "a criminal," rather than a Veteran in need of care. One Peer Specialist gave the

example of a VA provider asking, “Why are you helping them? They’re just going to [break the law] again. They’re never going to get better.”

All Specialists who mentioned this problem said they take great care to minimize stigma-provoking information in their own CPRS notes and other documentation. This often leads to their fielding questions and even pressure from providers to (inappropriately) provide additional details, under the mistaken belief that such details will enhance staff safety when it more often leads them to avoid or be suspicious of that Veteran. One Specialist gave the specific example of a VA staff person refusing to work with a Veteran who was on the VJP Specialist’s caseload, simply stating, “I don’t feel safe,” even though there were? no safety flags nor history of violence. Clinic management allowed this to stand so the Veteran did not get served.

The same pattern is also seen with behavioral flags in CPRS. According to Specialists, these flags are often overused for justice-involve Veterans - sometimes taken from hearsay sources for example, and often never removed. Inappropriate flags are an obstacle to the Veteran receiving health care because they are associated with negative stereotypes that overshadow the Veteran’s needs for mental health care, substance use treatment, or social work assistance. While many

" I think it's really essential to our work to know what someone's charges [are]. Now having said that, I think we try to guard that information very carefully and try to be very judicious about how we document that, and how that information is used, to try to protect our Veterans."

lamented this as a widespread problem, some Specialists reported not encountering it or only rarely; geography and facility leadership seem to play important roles.

As a result, Specialists describing having to personally contact providers to advocate for justice-involved Veterans to receive services. One specialist described this as a, “delicate balance.” They recalled having to tell providers, “I still think my client meets your criteria, so I need to know why you think otherwise.” When one Consultation Hour attendee said, “sometimes you just have to work around certain people,” and another said, “I work hard to find the people who will work with me.” Many others agreed. They also describe taking considerable care to honestly answer questions from providers such as, “is this Veteran dangerous?” without over-stepping their competency (and the limits on predicting dangerousness) nor sharing information that may provoke prejudice.

Specialists described frequently talking with providers about these harms caused by, “over documentation,” regarding justice-involved Veterans, to limited effect. One stated, “I really struggle to educate staff and provide information... people just don't really have a very good understanding of what jail is and what that means, despite many times talking to [them].” Numerous Specialists said, more broadly, that they find themselves needing to do a great deal of education on stigmatization and prejudice despite not being well prepared for it. One said, “I usually try to deal with it by educate, be kind, win them over.” But they also noted the time and energy such efforts take away from their other job duties: “Its systemic, everywhere... I wish there was a magic answer to make it go away. Change is sooo slow.”

Effects

VJP Specialists and Peer Specialists emphasized that many justice-involved Veterans encounter these practices and biases routinely and are severely affected by them – although there seems to be considerable geographic and service variation. Such experiences cause many Veterans to be cautious and reticent, not wanting to talk about anything related to their incarceration with providers, including trauma needing follow up care. Some providers seem to view this as their, “trying to hide,” damning information, while Veterans tell the VJP Specialists they fear the provider won’t want to work with them if they say anything.

Those we spoke with noted that many of the Veterans they work with already experience low self-esteem, anxiety, frustration, hopelessness, and feelings of unworthiness, exacerbating the stress of other life challenges and physical or mental health conditions and reinforced by such rejection and stereotyping within VA healthcare. The Veterans worry that what is included in their medical records or referrals will provoke judgement or fear or poor care, they feel extra

scrutiny when they are seen, and don't know how to understand too often being, "dropped," by a program or provider without explanation. Numerous Specialists described working hard to shield Veterans from such experiences, and one Peer Specialist described using, "personal testimonials," (his own and others') to try to help such Veterans feel less discouraged.

Others described Veterans, "giving up on VA," after such experiences, coming to distrust the whole system and wanting to protect themselves from further rejection and stereotyping. Thus, they may be, paradoxically, more likely to refuse treatment, not engage, or not attend meetings unless mandated by the courts. This refusal worsens their situation because they are viewed as uncooperative, and the lack of care and resources can exacerbate their health problems. One Specialist noted an additional link in this bitter chain – that Veterans not receiving needed help due to the above are then often blamed for failing and for their exacerbated problems.

5. Stigmatization and VA Police

Several of the consultation hours included substantial discussion of problems with how VA police interact with and treat justice-involved Veterans. Again, while this problem was described by numerous Specialists in diverse geographic regions, it was far from universal – others said they had encountered no such problems. But where it is happening, Specialists observed it having serious impact on Veterans' healthcare.

Specific problems that Specialists described included:

- VA police apparently looked up an individual Veteran's legal record without cause, then used that information to say and do things showing bias against the Veteran.
- VA police threatened to arrest justice-involved Veteran and/or report him to his probation officer when he asked why he was being told he could not stand outside the building.
- VA staff contacting VA police when they learn that a Veteran they are seeing may have an outstanding warrant, resulting in the Veteran being arrested on the premises when they came in for care due to acute needs.
- A Specialist finding that she had to, "rescue," a justice-involved Veteran from how VA police were treating him.
- VA police denigrating the VJP Specialist's job and character when they tried to intervene.
- Specialists finding that VA police management and even facility leadership share the offending officers' attitudes towards Veterans known or thought to have justice-involvement.
- And, perhaps due to stigmatization and stereotypes of mental health needs, when a Veteran in crisis called the Veterans Crisis Line from a VAMC and was urged to approach local personnel for help, VA police provided a law enforcement response rather than facilitating a mental health crisis response.

Specialists shared a number of things they do to try to mitigate this situation, including reintroducing themselves to VA Police every year or so to describe what a VJP Specialist does and how that can be helpful to the police, inviting, "the VA police commander and officer to accompany me and to see / hear what I do on a daily basis," working "to undermine stereotyping by letting them know you and Veterans are 3-D people," and talking with them about what they value or need from VJP and then using that to forge a relationship, negotiate, and influence certain situations.

6. Stigmatization and Mental Health Concerns

The fact that mental illness, mental health concerns, and mental health treatments are commonly stigmatized across much of U.S. society with deleterious effects is well known (American Psychiatric Association, 2022; National Academies of Sciences, Engineering, and Medicine, 2016) among men even more than among women, and with distinct racial, class, and other disparities (e.g., DeLuca et al., 2015). That military culture often reinforces this stigmatization, especially via myths of, "weakness," is also well established, with many negative impacts on active-duty personnel and Veterans.

These include delaying or entirely blocking Veterans' engagement with needed mental health care (Caldwell & Lauderdale, 2021; Gilliam et al., 2013; Mittal, et al., 2013), and causing embarrassment and shame which exacerbate distress and further treatment avoidance (Boyd, Juanamarga, & Hashemi, 2015).

Despite recent changes, broad military stigmatization of mental illness persists and creates anxiety about losing face, support from colleagues and superiors, and desired job/career opportunities for Veterans and active-duty personnel alike (Britt et al., 2015). Further, the scope is broad, encompassing, "mental illnesses," like depression, anxiety, bipolar, and psychosis, and also PTSD and other trauma effects, cognitive and emotional sequelae of TBI, and addictions (Blonigen et al., 2016; Stimmel, Finlay, & Pinals, 2014).

This is all deeply relevant to current justice-involved Veterans, who served in all eras and the majority of whom have mental and/or behavioral health needs (Finlay et al., 2016; Finlay et al., 2018). For example, it has been found to substantially contribute to Veteran reluctance to engage in needed treatment (Timko et al., 2014; Finlay et al., 2018), and to bias in legal proceedings (e.g., Smith, 2018).

VJP Specialist interviews

Our interviews with VJP Specialists underlined the research in this area. They acknowledged encountering widespread stigma against mental health and addiction treatment in the legal system and among Veterans themselves (and some medical providers). Prevailing assumptions in their experience equate mental health problems with weakness and, "bad character," inability, and untrustworthiness, and with seeking to evade legal responsibility for one's behavior. The Peer Specialist focus groups concurred, adding the hurtful examples of language like, "crazy combat Vet." Some Specialists also noted Veterans with mental health conditions being refused mental health care while incarcerated because the institution believes the VA should provide it while the VA believes the institution should provide it.

7. Stigmatization and Substance Use Disorders

In two related articles, Finley and colleagues conclude that justice-involved Veterans experience much the same discrimination obtaining substance abuse treatment that justice-involved Non-Veterans do (Finley et al., 2018; Finley et al., 2020). This includes criminal justice personnel, health providers, and social networks who hold negative misconceptions about addictions pharmacotherapies, tendencies to attribute criminal motivations to justice-involved people seeking treatment, lack of pharmacotherapy support among 12-step groups, prejudice from health providers and others, and general disbelief in the recovery capacity of justice-involved individuals (Finley et al., 2020; vanBoekl et al., 201; Gunn, Sacks, & Jemal, 2018).

The mental health and addictions treatment needs of justice-involved Veterans are often deeply intertwined, as are the prejudices experienced and Veterans' fears of being perceived as weak or unreliable (Glynn et al., 2016). Additionally, since legal involvement and substance misuse are also frequently related, the stigmatization of each feeds and blends into the others for many Veterans (Newman & Crowell, 2021). Further, substance misuse (as well as untreated mental health problems) increases one's risk for discharge under other than honorable conditions, which incurs shame and severe limitations on a Veteran's access to services and programs (Holliday & Pederson, 2017, Elbogen et al., 2012).

In our interviews and focus groups, as in the published literature, stigmatization regarding addictions overlaps heavily with stigma regarding mental health concerns. Indeed in our VJP Specialist interviews the two were discussed as one much of the time. Similarly, one Peer Specialist focus group talked at length about experiences in which VA or community mental health providers jumped to conclusions that a Veteran seeking mental health services was "med seeking" and "an addict." A Peer Specialist in that group also lamented mental health and addiction treatment providers alike in the VA not listening to a Veterans' preferences regarding treatment (in this case not wanting to use methadone). The other Peer Specialist focus group added that family and other supportive relationships often

“deteriorate” because of behaviors and events when Veterans experience addiction, which can further erode the Veteran’s self-image and hope for the future.

8. Intersectional Identities & Stigmatization

People live their lives in a complex tapestry of interacting social identities and health/life conditions, with myriad interlocking consequences for their experiences and health. Not only might a given Veteran avoid mental health treatment due to having internalized both society’s and the military’s stigmatization of it, but they may also encounter prejudice regarding their justice-involvement if they do seek mental health care, or judgments from others based on their being a Veteran. That is, Veterans and others also navigate the societal landscapes of racism and white privilege, sexism and constrained masculinity, class and income, age and era, education, illness and injury, dis/ability, etc., simultaneously - in their lives, health, and legal involvement (Ahlin & Douds, 2020; Williams et al., 2010; Wortzel, et al., 2012; Baldwin, 2017).

Thus, the origins of VJO programs lie in recognizing that Veterans often end up in the legal system due to unresolved mental health, substance use, somatic health, and trauma related problems which relate to that tapestry and are risk factors for worse legal and life outcomes (Blue-Howells et al., 2013; Blodgett et al., 2013; Blodgett et al., 2015; Tyler & Brockmann, 2017). And that their experiences of these are deeply shaped by the meanings attached to (and assumed of) their social identities – perhaps especially gender and race.

Gender

In 2015, Finlay and colleagues pointed out that knowledge of Veterans in the criminal justice system is based almost exclusively on the experiences of male veterans (Finlay et al., 2015). This is true not only because women are a small percentage of Veterans, but also because both U.S. justice systems and Veteran health care are predominantly male defined, although this has continued to improve slowly since the Finlay et al. (2015) article was published.

We do know that women Veterans come to and experience justice-involvement quite differently than male Veterans. For example, Stainbrook and colleagues documented that male and female Veterans report similar lifetime trauma rates, but men experience more combat trauma and women more sexual trauma (before, during, and since military service) with different sequelae for their health and their legal involvement (Stainbrook, Hartwell, & James, 2016). Racial identities shape these experiences. For instance, Taylor and colleagues noted that while child and military trauma were strongly associated with Alcohol Use Disorder (AUD) for all women Veterans, with African American female Veterans 7x more likely to be incarcerated and much less likely to receive pharmacotherapy for AUD than white women Veterans (Taylor et al, 2019).

However, since there is almost no other published research on stigma x justice-involved women Veterans, we reviewed published literature on stigma x incarceration x women generally. That literature, also thin, is mostly qualitative and descriptive, often focused on the dual stigmatization of women’s substance use and incarceration (Gueta, 2020; Abbott et al., 2017). For instance, both in prison and afterwards, many women report that their substance and justice-involvement histories lead health providers to see their health requests and self-report as suspect (Abbott et al., 2016), sometimes requiring third-party, “proof,” of medical history and medications before (re)instituting treatment (e.g., Goshen et al., 2020). Women often anticipate and tire of such reactions, leading them to delay or avoid health care, both during and after incarceration (Abbott et al, 2016, 2017).

Justice-involved women commonly report being stigmatized outside of healthcare as well, due to their previous substance use, incarceration, and/or related behaviors (Gunn, Sacks, & Jemal, 2018). This includes being pre-judged as a, “bad mother,” as a, “junkie,” though clean, and as an undesirable romantic partner (Gueta, 2020). While drug use and justice-involvement carry stigma for men as well, the judgements are different and sometimes harsher for women due to gender-based stereotypes and standards (vanOlphin et al, 2009). All of these can easily be internalized, infecting

one's sense of self as well as impeding access to housing, jobs, treatment, family, and community reintegration. (Moore et al., 2020; Gueta, 2020).

Additionally, transgender women, while a small percentage of the general population and of Veterans, experience heavy additional prejudice and discrimination (Hughto, 2018). The sex segregated nature of jails and prisons and prevailing attitudes among corrections staff leads to degrading and sometimes dangerous placements (such as according to genitals when self-presentation differs considerably), forced conformity to masculine gender norms, and inadequate medical care. Institutional policies are almost always inadequate to address non-binary and trans people, constituting a form of structural stigma and discrimination (Clark, White-Hughto, & Pachankis, 2017).

Race

The profound interactions between racism and justice involvement have been well documented, as are racialized biases and inequities in the U.S. legal system at all levels (e.g., Hetey & Eberhardt, 2018; Crutchfield, Fernandes, & Martinez, 2010; Kovera, 2019). Racial profiling brings African American, Hispanic/Latino, and other people of color into more interactions with law enforcement – being surveilled, stopped, searched, arrested, and convicted at higher rates than people perceived as white, and receiving harsher penalties, with profound sequelae (Kamalu, Coulson-Clark, & Kamalu, 2010; Wheelock, 2005). “Given that racial discrimination is prevalent at all stages of the criminal justice system, there are unique considerations in working with veterans whose histories include inequitable encounters within this system.” (Carleson et al., 2018)

One of our Peer Specialist focus groups discussed the intersections of racism and mental health stigma at some length, emphasizing that they see clear disparities in sentencing and diversion stemming from individual attitudes and institutionalized inequities. For example, one mentioned the absence of diversion programs in their geographic area, which is mostly African American. They also described trying to intervene to reduce racism effects where they can. One said he often tried to emphasize shared experiences among Veterans of various races, and between the Veteran and the judge, to try to establish common ground. Another said he has tried to appeal directly to the judge about racial differences in how Veterans are treated.

Veteran Identity

Veteran identity is itself a social identity that carries complex meaning, varies across individuals, and interacts with individual's other identities (such as gender). In sections above we assert several times that research shows justice-involved Veterans are subject to similar prejudices and discrimination as justice-involved non-Veterans (e.g., re employment and incarceration). However, as also asserted earlier, military socialization and post-service Veteran identity create unique dynamics for some Veterans regarding heightened reluctance to acknowledge or seek help, disclosure concerns, assumptions one, “should know better,” or does not need help, and implications for internalized stigma (Ahin & Douds, 2020; Harding, 2017).

Additionally, being a Veteran is itself commonly subject to stereotypes – both positive and negative – in U.S. society. Morales and colleagues articulate, “two long-held competing narratives of veterans: one depicts them as heroes who signify power, strength and patriotism, and the other stereotypes them as substance abusers, homeless, prone to aggression and domestic violence, emotionally unstable, jaded from civilian interactions, and most commonly, suffering from [PTSD],” (Morales, Narayan, & Atienza, 2019, p. 717). A recent media analysis found Veterans most often portrayed as charity recipients, heroes, or victims (Parrott et al., 2019). Our interviews with VJP Specialists included their observations that some law enforcement officers are more tense when arresting or otherwise encountering Veterans because officers associate Veterans' military training with their being dangerous. For this and other reasons (e.g., fearing ridicule or harsh treatment due to, “being held to a higher standard and found wanting”), Specialists noted that some Veterans conceal their Veteran status upon arrest and even beyond. This complicates and impedes VJP Specialists' work.

Because such stereotyping of military service and Veteran status shape how people and institutions interact with Veterans and impact Veterans' own adjustment and responses (Stone, Lengnick-Hall, & Muldoon, 2018; Stone, 2020; Shepherd et al., 2021), how a person's Veteran status impacts their experience in the justice system is complex.

So far as we can find, it is also mostly unexamined. Weaver et al. (2013) found that prosecutors responded to hypothetical scenarios with more empathy and other positive ratings for Veteran offenders and more often recommended diversion programs and better plea bargains, compared to their perceptions of the same scenarios depicting non-Veterans. From this they conclude that being a Veteran may be a benefit for some defendants. This may be due to respect accorded to individuals who served in the military and/or compassion for service-related trauma and stressors that may contribute to criminal or other negative behaviors.

This issue of being accorded status for being a Veteran was mentioned frequently in our data collection. Both VJP Specialists (in interviews and consultation hours) and Peer Specialists (focus groups) spoke of it as a, "two-edged sword." Yes, sometimes they did see judges, corrections, or others give Veterans the benefit of the doubt or a second chance because they were Veterans and, "deserved consideration." But just as often or more, they said, they observed Veterans being held to a higher standard than non-Veterans because, "they should know better," or, "they are military trained and so don't (or shouldn't) need help." This judgement, by judges, corrections officials, probation, etc., often leads to justice-involved Veterans receiving harsher treatment.

Both groups also emphasized that many Veterans agree with these messages, have internalized them, and so wrestle with feelings of shame, failure, and hopelessness. Some end up reluctant to think of themselves as a Veteran even, or to us VA health care or other benefits of service. One Peer Specialist spoke of a Veteran taking on the identity of, "felon," instead (see internalized stigma section). In this same focus group, several Peer Specialists described the related hazard of incarcerated Veterans, "forgetting," their military values and adopting the, "prison politics," of cliques by race or status, and the negative cycle that can fuel. One spoke with hope about a new Veteran-only unit designed and run to remind Veterans of that identity and its ethics and values where the, "prison politics," would not be tolerated.

9. Internalized stigma

Any stigmatization may be internalized, with harmful consequences. Internalized stigma (aka "self-stigma") develops when a person absorbs societal stigma about a personal identity, health condition, or circumstance into their thinking about themselves, as if the stereotypes are true of them. Thus, "people say addicts are worthless people," can become, "I am worthless," (Corrigan, Watson, & Barr, 2006; Watson et al, 2007). Individuals sometimes experience this as, "shame," regarding the stigmatized identity or condition. Further, internalized stigma is well documented to harm the person's self-worth, motivations, persistence, and other qualities and behaviors important for coping with challenges around the very situations or identities so stigmatized (e.g., dealing with racism, with mental illness, with incarceration). Justice involved Veterans thus may have to navigate multiple sets of internalized societal judgements and stereotypes (Harding, 2017).

Service members can internalize the often judgmental and dismissive attitudes about mental health and addictions needs and treatment from their military commanders and peers (Baldwin, 2017; Russell, 2009) and carry them into Veteran life. Additionally, the pride that many Veterans feel about their military service can contribute to their feeling a Veteran-specific sense of shame when involved in the judicial and corrections systems (Ahlin & Douds, 2016), tied to falling short of their ideals of what Veterans are or should be, combined with having internalized negative judgements about people who are justice-involved. Paradoxically, while public support and reverence for Veterans have been found protective against public stigma towards PTSD and other conditions linked to military service (MacLean & Kleykamp, 2014), such high regard can sometimes add Veterans' feeling they have failed, are an

"I think the mindset you learn in the military is to adapt and overcome... to need help is to be weak. But I think that is combined with guilt and shame for not being all they think they should be [now], which is what makes it really hard."

embarrassment or don't "measure up"). Summed up by Desai et al. (2021, p. 56), "The complex interplay among veteran identity, military-related experiences, and offender identity can exacerbate the challenges facing veterans during reentry [after incarceration]. Specifically, the interaction of identities may introduce a significant conflict due to the schism between revered veteran status and stigmatized offender status."

VJP Specialist Interviews & Peer Specialist Focus Groups

Among the many obstacles justice-involved Veterans face is the risk of internalizing the judgements and biases of individuals and systems around them. Whether in court, corrections, housing, or healthcare, VJP Specialists and Peer Specialists describe Veterans dogged by perceiving they are not liked, accepted, nor treated fairly, and rejected. Many have, "lost a lot, family, jobs, friends, money, etc.," to their legal, substance, emotional, and other problems; "they are used to losing," and have internalized continuing to lose. These experiences facilitate Veterans' self-deprecation and internalizing the negative stereotypes behind such rejection, endangering their coping persistence and hope. Specialists described many justice-involved Veterans who engage in, "negative self-talk," and some who, to varying degrees, deem themselves unworthy of being called a Veteran and undeserving of care or help. A Peer Specialist observed that some say they, "Don't care, don't have emotions." As one Specialist summarized in an email, "internalized stigma stirs hopelessness, reduces confidence, [is a] source of discouragement, and a trigger for maladaptive behaviors," contributing to recidivism and other negative outcomes. Another continued that, "most justice-involved Veterans have recurring... legal engagements because of internalized stigma which discourages them from accessing and maintaining compliance with treatment in the presence of very real clinical conditions which [are] eminently treatable." A third called this, "the heart of the matter," in helping justice-involved Veterans improve their lives.

Accompanying this is the anticipated stigma – expecting future experiences of discrimination, denigration, or disrespect – which can further contribute to hopelessness and feelings of, "why bother." VJP Specialists that we interviewed gave numerous examples of Veterans who have been rejected by numerous programs and so have come to believe that it is worthless to try to access other opportunities because their criminal record bars them from any avenue for improving their life.

10. Talking with Justice-involved Veterans about Stigmatization

During the Specialist interviews and Consultation hours, some VJP Specialists said they do not discuss stigma with justice-involved Veterans, focusing more on benefits and services directly, or saying, "it does not usually come up."

Others do bring it up, in a variety of ways. Some broach it indirectly, such as asking how the Veteran is connecting with their probation officers, reminding a Veteran that they have a team of supporters behind them, or inviting them to vent about any frustrating encounters – and then seeing where the conversation needs to go. Others take the opportunity to address stigmatization directly when the Veteran shares specific experiences or concerns: a Veteran may ask about not being accepted into a VTC, or lament the number of landlords they are having to call to find housing, or share being rejected for a program and feeling hopeless. Several Specialists said they sit in on a Veteran's court orientation when possible and then do their VJO orientation afterwards, in part to give them an opportunity to discuss any stigmatizing statements from it or the Veteran's reactions to it. Naming and discussing the prejudice and discrimination embedded in these situations can help explain the problem and, while frustrating, help a Veteran not personalize the rejection even while recognizing it as unfair.

A smaller number of Specialists said that they bring up stigma pro-actively with Veterans, describing common manifestations and problems to watch out for. They encourage these Veterans to discuss related concerns, such as about finding work or housing, so that they can map out strategies together.

These Specialists described such conversations taking place in drug court before a Veteran is incarcerated, during a reentry group in a Veterans' pod at a correctional facility, at a residential reentry transition home, and at other

junctures. Specialists also cited Moral Reconation Therapy, motivational interviewing, and other therapeutic programs as useful for discussing the possibility or occurrence of stigma and supporting Veterans through their experiences.

11. Veteran Treatment Courts and Stigmatization

Veteran Treatment Courts (VTCs) are one place that all the above issues come together. On one hand, the goals of VTC's are rooted in the field's evolving awareness of how military service can contribute to Veterans' justice involvement, and in models of justice that are more responsive to mental-health needs (Tsai et al., 2017). Several commentators and researchers therefore discuss VTCs *as an anti-stigma intervention*. For example, Hartley and colleagues (Hartley & Baldwin, 2019) note that through a well-run VTC, Veterans' can experience (and see others make) progress, which can increase hope, pride, self-esteem, and resolve, and can erode internalized stigma. Such effects can help overcome treatment reluctance and promote problem-solving persistence. In addition, VTCs mandating of mental health care can help circumvent stigma-driven treatment reluctance (Knudsen & Wingenfeld, 2016; Stimmel et al., 2019). (Several VJP Specialists discussed the power this effect and the difficulties of implementation at length during interviews and later communications)

On the other hand, VTCs may contribute to the stigmatization of justice-involved Veterans. McCormick-Goodhard's (2012) commentary on trends in VTCs includes critics' concerns that they can perpetuate myths that all Veterans have mental health problems and are "unstable," although others argue they can help dispel such stereotypes.

More structurally, both Doud et al. (2017; description of 17 VTCs in Pennsylvania) and Hartley & Baldwin (2019; controlled trial testing VTC's effects on recidivism) point out that many VTCs exclude Veterans charged with certain crimes and/or with, "other than honorable," discharge. This can be viewed as an institutionalized form of stigmatization since untreated mental health, substance use, and other conditions are often tightly connected to the crimes and discharge status.

Our VJP Specialist interviews and Peer Specialist focus groups mirrored this same complexity. They experienced VTCs from actively anti-stigma to frankly stigmatizing, sometimes within the same system. Specialists who described stigma in their VTC system mentioned judges and prosecutors who were especially harsh towards Veterans, inadequate representation from public defenders, assumptions that Veterans in need of mental health care are only trying to avoid

Justice-Involved Veterans' Focus Group

On 11-23-2021 the MIRECC team hosted a focus group of justice-involved Veterans. Seven had expressed interest; three attended. We could not arrange a second group nor to talk with others individually. The 3 who took part spoke articulately about their own and others' experiences. Their main points are summarized below, echoing results from other data sources:

(1) Connotations: Terms used commonly in court proceedings and related activities carry strong associations of dangerousness that easily led to bias and eclipse others seeing them as full people: soldier, military, veteran, PTSD.

(2) Employment exclusion due to criminal record is a huge problem, including for licensing for many professions as well as by individual potential employers.

(3) Interacting with non-Veterans: Justice-involved Veterans usually feel uncomfortable with non-Veteran staff who seem to know little about Veterans, stereotype, and don't seem open to learn or listen.

(4) Root Causes: Many general court and related proceedings, label Veterans without addressing root causes of their behavior; that VTCs are better.

(5) Military Socialization contributes to internalized stigma. Accepting help is seen as weak by many Veterans, despite military success requiring teamwork. The "patched up and back out there" mentality carries over to some Veterans not wanting to devote the time needed for long-term healing, support, etc.

Low focus group participation was not surprising given time constraints and the indirect methods used to invite participants. However, it suggests that

VJP may want to develop ongoing ways of obtaining feedback and input directly from justice-involved Veterans to enhance its anti-stigma efforts.

jail, insufficient mental health care service availability, and bias against medication treatment for addictions (opposing Veterans taking suboxone). A Peer Specialist focus group added that certain courts seemed to assume that Veterans who look a certain way (tattoos, beard) are guilty, while younger (more recently separated) Veterans were often assumed to be irresponsible rather than needing help.

Several Specialists also noted interactions between racism and legal involvement bias, such as noticing patterns where Veterans of color (African American men in particular) were perceived as more blameworthy and sometimes dropped from programs without explanation. Others observed that VTCs excluding Veterans with certain charges often come from judging which Veterans are, “worthy,” of VTC consideration and/or out of concern that certain Veterans are, “high risk,” or, “high need,” and so could affect the VTC’s outcomes or reputation – just like some housing and employment programs. Many said that Veterans appearing in court are often not heard or listened to. In some locations, Specialists also described still having to counter, “Veterans getting off easy,” stereotype of VTCs and facing judges, probation officers, and others who stereotype the VA as incompetent. Others described encountering none of these biases.

Specialist Interviews

In our interviews and consultation hours, VJP Specialists began talking about VTCs by describing highly variable situations regarding stigmatization in the broader local law enforcement and legal systems. “Finding the good ones,” was a frequent goal and refrain.

While in jail, there are times when the specialist is not contacted for weeks. While some Specialists reported Veterans treated with more respect than other inmates, and even a few Veteran-specific jail sections that offer military style order and Veteran peer support, others described Veterans being treated harshly by correctional personnel and other inmates – as having fallen from a pedestal or seeing themselves as better than others. As one Specialist put it, Veterans, “are revered until they are justice-involved.” Many do not volunteer that they are Veterans because of this. Peer Specialists and VJP Specialists reported instances of jails refusing to give Veterans prescribed PTSD or other medications and stating that the VA should take care of the Veterans mental health needs even while incarcerated.

Also, in some locations there is no VTC or a given Veteran is not accepted into it or the available VTC is especially harsh. One specialist stated, “It’s always an issue with outreach and connecting with individuals, I wish I could do more.” This type of behavior can lead Specialists to feel like no one inside or outside of correctional facilities want the justice-involved Veteran to be successful. One specialist stated, “I’m trying so hard to change the way court feels, but I feel outnumbered.”

At the same time, some Specialists do report excellent judges and VTC personnel while others take satisfaction in small improvements. For example, one Specialist described a recent VTC, “stand down,” to work on the program manual and standards, in which they successfully advocated changing the term, “defendant,” to, “Veteran.” All agreed that once a Veteran is in the VTC program the focus is on their future not the crime in the past. So, “Veteran,” is more factual and more forward thinking.

12. Stigmatization and Sexual Convictions

Consistently across all the topics above and across all our data sources, Veterans, Peer Specialists, and VJP Specialists alike emphasized that Veterans convicted of sexual offenses face the most bias and exclusion. In their experience such Veterans are:

- Assumed to be dangerous and likely to re-offend no matter the type, circumstance, or age of the offense.
- Treated poorly in courts and jails
- Usually refused housing by VA programs, VA contractors, private landlords, and rental management companies, leading many to be homeless

- Usually refused placement in VA and community-based employment or training programs, leading many to be destitute or dependent on public assistance.
- Penalized for being honest and up front about their being on a sexual offenses registry
- Often ostracized by other justice-involved Veterans according to an informal hierarchy re: one's legal charges.

The thin published literature on this topic corroborates VJP staff observations. Shaffer (2011) found that housing was the primary challenge for re-entry (from incarceration) among Veterans with sexual crime offenses, with untreated and highly stigmatized mental health needs second. Finlay et al. (2018b) found that homelessness, prior sexual trauma, and mental health problems contribute to Veterans being convicted for sexual offenses, and that the resulting registries and residence restrictions highly stigmatized, posing serious obstacles to such Veterans.

"We say that legal barriers are not supposed to be barriers to treatment, but yet we allow this.

We need to insist and negotiate the terms of the housing and other contracts. These agencies being able to exclude these Veterans totally makes our job impossible, in that there is no place to send them for assistance.

Plus, each prohibition or rejection makes the Veteran feel worse about themselves."

VJP specialists concurred, noting how demoralizing the bans and rejections are, sometimes leading Veterans to no longer seek out treatment or services, and even to refuse them when offered. Some Specialists avoid making referrals to agencies where the Veteran is likely to be rejected for fear of reinforcing the internalized stigma the Veteran carries.

One Specialist lamented that staff at his location insist on using the term, "sex offender," in CPRS, counter to recommendations for less stigma-provoking language

such as, "ineligible due to criminal offense." When asked about it, their responses included, "I have to do it that way because that is the offense," and, "if the Veteran didn't want it listed, they shouldn't have done it." As a result, "those Vets often end up homeless and in and out of jails when we [VA] are supposed to help them, and we're not supposed to discriminate," (quote from a different VJP Specialist).

13. Impact of Stigmatization on VJP Specialists and their work

Having to navigate through and around the various ways that justice-involved Veterans are stigmatized adds to Specialists' work. At times, some said, they feel like fighting poor attitudes and misinformation is a large part of their job. The first task, as Specialists report it, is to get courts and health care providers to see each justice-involved Veteran as a person rather than, "just a criminal," so that, "their," Veterans get a fair shake.

Specialists emphasized how essential it is to develop and maintain good working relationships with a wide variety of people and offices. Therefore, advocating for the needs of justice-involved Veterans and, "working around," or addressing stigma must be done diplomatically and strategically so as to not, "burn bridges." Specialists spoke of frequent decisions about when to push versus hold back since disrupting a working relationship (with a clinic, VTC, etc.) could potentially harm justice-involved Veterans as well as make the Specialist's job harder.

This difficult task is further complicated when a Veteran is offered services of some sort but refuses them due to past experiences, creating a difficult situation for the Specialist who now needs to explain to the VTC or other legal officials, and to the health care provider, why the Veteran is refusing the VA services the Specialist was advocating – while working to head off negative stereotypes about justice-involved Veterans. One Specialist described this situation as, "terrible and stressful." Such refusal also puts the VA in a bad light again making the Specialist's job more difficult.

Some Specialists said they, "don't even bother," referring justice-involved Veterans to certain services. Another was told to refer all justice-involved Veterans to mental health at the nearest VAMC because, "we can't manage *your* people at a

CBOC.” Another found that a certain grant per diem provider would not accept referrals from VJO but would accept the same Veteran if referred from another service. They noted that you, “get used to,” working around such discrimination but that it makes the Specialist job harder (not to mention the Veteran’s situation) since there are already not enough resources and services.

Specialists Being Stereotyped or Stigmatized Themselves

Specialists themselves experience stigma due to their association with the justice-involved veterans. Within the VA, some find that certain colleagues don’t want to work with them because they are, “bringing them problems.” More than one reporting being asked some variation of, “how can you work with those people?” In a Consultation Hour conversation, several people said they feel VJP Specialist is viewed as an undesirable position and that they were given a poorer quality workspace. At the same time, other Specialists said they don’t notice any stigma against them – although at least one said that was perhaps because it was so, “normalized,” that he was used to it.

Others noted that their own well-being is part of the calculations of when to object versus hold back when they witness prejudice, thinking about future more difficult relationships or worse. Several described wanting to formally report providers who discriminated against justice-involved Veterans but not doing so out of concern about the repercussions if they were identified as the complainant.

Within the court systems, interviewee experiences varied over time and geography, but many Specialists report being stereotyped and marginalized as well, especially if they are known to advocate for changes. Some described court personnel and judges who were open about not wanting the VJO present at hearings. Others gave examples of being, “ganged up on,” stereotyped, criticized, or their role and access marginalized. One specialist described being slowly cut out of the mobile VTC, via court personnel not relaying information, due to their advocacy. However, in other locales Specialists described good working relationships with certain judges and court systems – sometimes from the start in like-minded systems and sometimes after hard-won relationship building. Further, these same VJP Specialists describe sometimes being vilified by the very justice-involved Veterans they seek to help, who view them as in league with the legal system or the VA against the Veteran.

Suggestions from VJP Specialists, Peer Specialists, and Justice-involved Veterans

In the interviews, focus groups, consultation hours, and other communications that were part of this assessment, we asked VJP Specialists and VJP-affiliated Peer Specialists what their local facility or the national VJP office could do to support them in navigating the stigmatization confronting justice-involve Veterans and make their jobs. They replied with a wide range of suggestions and ideas, which we’ve grouped into several broad domains.

P. Information that Specialists Say would help them intervene to reduce stigma

VJP Specialists & Peer Specialists said that having information readily at hand on key topics would help them intervene, “in the moment,” - with a provider, someone at a VTC, or a housing or employment program for example - to perhaps blunt or prevent stigmatization or discrimination. They also noted that this same information could be used for more formal educational presentations that they could deliver as opportunities arose.

- Educating VA and jail staff about what VJP Specialists do & how supporting their work benefits everyone.
- Research or other articles to share with colleagues regarding stigmatization, internalized stigma, effects, etc.
- Techniques other than just information to sensitize providers to the harms done by stigmatization.
- Information showing the wide-spread benefits of assisting justice-involved Veterans, including cost benefits.
- Guidance regarding documentation and sharing of justice-involved Veterans’ personal information.
 - What is/not appropriate for VA staff to know and share about a Veteran’s past/legal issues.

- Relevant policies, directives, and ethics re VA non-discrimination, serving all Veterans.
 - Specific guidance on limiting criminal history documentation when there is no legal requirement.
 - Specific guidance about who/when background checks on Veterans are allowed or not.
 - Best practices in writing documentation that is less likely to trigger prejudice.
 - How to navigate local practices, informal policies, and resistance to changes.
- Changing stigmatizing language beyond in documentation.
 - National and local information on Housing and Employment discrimination against justice-involved Veterans.
 - Educating providers about the stipulations of Veterans Court mandated treatment.
 - Guidance re what to do / who to contact when Specialists see Veterans in unsafe or abusive situations.
 - How to ask a Veteran if s/he seems distressed.
- “Stigma-busting,” success stories:
 - Providing opportunities for staff to hear or see the personal stories, especially success stories, of diverse Veterans who had been in VJP/VTC , to help undermine stigma.
 - Short videos of Veterans describing their story, including their justice-involvement and their efforts and life afterwards, countering stereotypes. Worth looking at the impact it might have on provider perceptions?
 - Recognizing individuals and programs doing positive things to help justice-involved Veterans to destigmatize working with them and undermine assumptions of hopelessness.
- Employment Specific Ideas:
 - Sources to suggest to justice-involved Veterans for understanding their legal duties and rights, especially if their VTC program or their attorney are not helpful or not available.
 - Clear, “how to,” guide for looking up what your record says when employers do different levels of background check.
 - Best practices for answering job interview questions about legal/criminal history.

Q. Specialists’ suggestions about *how* to make such information most useful to them

- Prepared fact sheets, slides sets, presentation outlines, infographics, or similar on different topics, that Specialists can just use/adapt rather than having to make anew.
- Formats and sources that allow Specialists to easily remind themselves of relevant points AND to which they can refer providers when asked or when the Specialist notices their doing something inappropriate.
- Information that is easily accessible/searchable, such as tags within the SharePoint or pre-set google scholar search strategies to find the latest literature on important sub-topics.
- Strategies for keeping at it, reminding or educating periodically.
- Obtain official VACO endorsement for presentation materials to give them status, authority.

R. Advocating from Within

Many Specialists described advocating for local changes re many of the topics in this report, and how difficult it can be. Therefore, they suggested compiling, “best practices,” from across the VJP national network and/or having training in how to advocate for change from within a large institution. Specific topics might include:

- Clarifying misperceptions in professional manner, such as in one-to-one conversations.
- Finding one’s allies and building relationships with them.
- Making, strengthening, and maintaining relationships with programs and people who are not natural allies.
- Strategies for facilitating behavioral change in colleagues, especially equals or above.
- Encouraging Policy/Regulation enforcement.

- Obtaining endorsement from respected bodies that a change or program is working, is valuable.
Mentioned = VACO, DoD, Marine corps league, a VTC judge
- Enlisting people in the same role or profession (psychologist, nurse, etc.) to educate their peers re: stigma of justice-involved Veterans and what a Specialist does and does not do.

S. Talking with Justice-involved Veterans about stigmatization

It was notable that many Specialists do not usually talk with Veterans about stigma proactively. Reasons ranged from having many other things to talk with the Veteran about to, “it really hasn’t come up,” to not being sure what to say beyond that it exists and is unpleasant. Some Specialists had ideas for ways to enhance their capacity:

- Basic “stigma background” information (e.g., topics in section A above).
- How to talk about stigmatization without seeming blaming.
- How can Veterans protect themselves from internalized stigma, or reduce it?
- Skills and options for coping with and dealing with discrimination.
- Connecting Veterans with activities that can help them fit in with and feel part of the community.
- When the Veterans’ needs are beyond what a Specialist can offer.

T. Comparing Notes and Supporting Each Other

In many conversations, Specialists said that talking with each other, comparing notes, and sharing what has worked or not on challenging topics related to stigma would help them have more and highly relevant ideas for dealing with stigmatization and perhaps crafting remedies for some of the stigma-related problems. Some specific ideas:

- Possible conversation formats among Specialists at a VISN or national levels.
 - Perhaps a Specialist panel on a given problem to present a range of innovative or “best practices.”
 - Or a lunch time series of guided somewhat structured conversations.
 - A full conference in which Specialists help generate the session topics and present.
 - Have an asynchronous forum where Specialists could add their notes to a common document.
 - A periodic “processing group” without supervisors but with a skilled external facilitator to process experiences, frustrations, vicarious traumatization, and other sad things they see and deal with.
 - Include more about working with justice-involved Veterans in existing meetings like MH summits.
- Thoughts on *how* these could happen to be maximally useful:
 - Include variations in the problem and strategies across different locations.
 - Have any such conversation recorded and a summary written and attached with relevant resources and contact information for the panelists so they can be consulted.
- Create opportunities for stigma-related conversations across disciplines.
 - Between providers of various units and disciplines and Specialists.
 - Bridging gap between behavioral health and primary care to reduce stigmatization of JI Veterans and enhance understanding of VJP work.
 - Perhaps could have a goal of finding ways to show unity, connection, working together, such as one locale where VA police can wear a patch showing what branch of the service they were in.

U. VACO VJP Leadership

In numerous areas, Specialists expressed a need for national VACO VJP initiative or advocacy, perhaps with local Specialists helping to implement:

- Supporting policies that prohibit denying VA services or discriminating based on criminal charges.

- Perhaps especially regarding housing.
- Including challenging local policies or practices that contravene these national policies.
- And compiling data to know who may be discriminating.
- Addressing tensions between who a program is supposed to serve re need and program mission vs who they choose to serve or prioritize for other reasons.
- Reminding providers of the policies, ethics, and “how to” of clinical documentation that is not stigmatizing and does not include disallowed justice-involvement details, especially when local guidance allows for more stigmatizing details than national policy.
- Showing support for VJP work and Specialists where facility or higher leadership has been unsupportive.
- Advocating in places where court or corrections are not allowing VJP access.
- Address the role of stigma in suicide among justice-involved Veterans.
- Changing certain widely used stigmatizing terms like, “fugitive felon,” in policy and VA documents, replacing with something more neutral like, “out of court compliance.”
 - Also advocating that local and national, “fugitive felon,” committees include HCRV and VJP Specialists contact information in the letter they send Veterans since they could sometimes help the Veteran resolve their situation if they knew it was happening.
- Creating a national VJP informational pamphlet that all Specialists can use, to normalize VJP work and add national gravitas, like MST and IPV programs across VHA.

V. Suggestions for Changes in the VJP Specialist job that would facilitate addressing stigmatization

- Allocating time in the Specialists’ schedule for educating people about justice-involved Veterans, what Specialists do and don’t do, and stigma.
- Adjusting productivity expectations to fit what is needed locally.
- Having others involved in helping Veterans with (internalized) stigmatization issues instead of the VJP Specialist, given time, workload, therapeutic skills needed and secondary/vicarious trauma.

W. Increasing Peer Support

Especially Peer Specialists, but also VJP Specialists and the few justice-involved Veterans we talked with all suggested that more robust Peer Specialist support for justice-involved Veterans would help erode the harms of stigmatization. Their specific suggestions:

- To validate Peer Specialist role in working with justice-involved Veterans, and in general.
 - As offering significant and unique benefits in working with justice-involved Veterans.
 - As deserving respect, trust, support from colleagues and superiors.
 - To see Peer Specialists as full people rather than a job description.
- To ensure access to the resources Peer Specialists need to assist justice-involved Veterans.
- To hire more Peer Specialists with a justice-involved background, perhaps creating a pipeline from VJO, “graduation,” into Peer Specialist positions.
- To increase the peer support programs for justice-involved Veterans, beyond Peer Specialists involvement, to include meeting successful Veterans with justice-involvement, mutual support, peer mentoring, etc.

X. VJP Specialists, Peer Specialists, and justice-involved Veterans also made other suggestions, to reduce the effects of stigmatization on justice-involved Veterans, that seem beyond the scope of the VJP Office

- Create a more substantial program, similar to BHIP (Behavioral Health Interdisciplinary Program in MH,) for Veterans recently released from prison, in jail, or in court. “Once a week does not cut it.”
- Create more affordable, accessible, decent housing for justice-involved Veterans.

- Improve the simultaneous delivery of treatments, such as for addiction and PTSD, rather than one at a time.
- Make important resources more widely available; some are only offered at Vet Centers which hinders access.
- “Hearts and minds need to be changed throughout society.”
- Reentry specialists could attend landlord meetings to erode discrimination against justice-involved Veterans.
- Broader, easier access to Suboxone for Veterans, with education as to why it’s important.
- Create programs that will treat, help, house, employ Veterans turned down by other places.
- Resources and pro-bono legal representation for rural Veterans and other under-resourced groups.
- Make therapy available to help justice-involved Veterans understand what is driving their substance use.
- In some places probation officers need a clearer delineation of their roles. Consistent, persistent officers are needed but some “love to dabble in therapeutic treatment” they should leave to healthcare professionals.
- Justice-involved Veterans need pro-bono lawyers who are Veterans.
- Veterans should ride along or accompany police (community or VA) when approaching other Veterans.

Conclusion

While specific research regarding stigmatization of justice-involved Veterans is sparse, related research and the direct observations of VJP Specialists, Peer Specialists, and justice-involved Veterans themselves make clear that societal stigmatization, internalized stigma, and anticipated stigma are all considerable hazards to the well-being and quality of life of justice-involved Veterans.

We (the MIRECC team) look forward to helping the VACO VJP team create and execute the trainings and other action steps it prioritizes following this first year assessment, as part of its overall strategic planning. We hope to be helpful not only in creating, “content,” and formats for VJP, but also in helping to coordinate the considerable experience and materials already created by some VJP Specialists so they can be useful nationally.

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Appendix A

VJP Specialist Interviews Guide

A. Reintroduction and Check In.

- My name is _____ and I am _____ at the MIRECC in VISN 5, Baltimore MD
- As you might remember from our email we are helping the Veteran Justice Programs office with a 2 year strategic planning project regarding the stigmatization that justice-involved Veterans often face.
- **By stigmatization we mean any of the many ways that such Veterans are stereotyped by others or regarded or treated with prejudice, bias, or discrimination because of their justice system involvement.**
- We are very interested to learn more about Specialists' experiences and needs on this topic; then the second year of the project will be helping VJP create resources to address those needs.
- *If interviewee is a supervisor or Natl Homelessness Coordinator (NHC), add something like "therefore, I'd like to ask your insights into Specialists' experiences and needs in this area given your role as a supervisor/NHC,"*
- Thank you for agreeing to talk with me, is now still a good time for us to do this 30 min interview?
If yes, proceed. If no, tell the person you'll have our Coordinator contact them to reschedule.

B. Before we start I have a couple pieces of information for you:

- This is an approved Quality Improvement project, not research, so there is no formal consent form to sign.
- But it is still important for you to know a couple points in deciding if you want to take part
- First, talking with me is entirely voluntary. We (MIRECC team) will not tell anyone at VJP or the facility where you work who was interviewed or who declined, nor what you said in any way that would identify you.
- Second, if you decide to take part, you are welcome to skip any question you don't wish to answer.
- Third, once we start I will turn on the recording. We are recording because we cannot take notes fast enough to catch everything you say. The MIRECC team will not share the recording with anyone outside our team. When we transcribe the interview we will leave out all names, locations, and other identifying details (using anonymous place holders) and we will delete the recording.
- Later, in our reports and presentations on this project we may use short examples or quotations of what you said and we will be careful to make them un-identifiable. We are happy to share a copy of the final report with you if you'd like – sometime next Fall.
- What questions do you have for me? Do you want to proceed? (If yes, proceed. If no, thank and end call)

C. Ok, so to get started... [turn on recording here; use bulleted prompts flexibly, not all for every intv, follow their lead]

- Once recording, say something minimal to ensure the interview is aware, such as "OK, we're now recording"

1. I'm familiar with the Specialist job in general, and I also know it varies quite a bit. What settings do you work in most and what do you spend most of your time doing?

[If Supervisor / NHC interviewee ask instead: Please tell me about your role(s) with VJP Specialists]

[We want to get a sense of jail or prison or both, and what other settings like court, probation, etc.]

[This can be fairly brief... enough to break the ice and orient you to their version of the job.]

2. What stigmatization of justice involved Veterans do you see in your work? (Refer back to short definition of stigmatization in intro if needed)

[If Supervisor / NHC interviewee ask instead: What stigmatization of justice involved Veterans do you see or hear about in your interactions with Specialists?]

- What types of stigmatization do you notice most often? ...What settings (where), sources (who), situations (when), forms (what)? [If Supervisor / NCH: ...hear about most often?]
- Note: focus on stigma towards the Veterans, but also include stigma towards Specialists for working with justice-involved Veterans if relevant
- How does such stigmatization affect your job? [If Supervisor / NCH:the Specialists' doing their job?]
- Seek to get an idea of the "story" for different examples they mention, including setting.
- What effects have you noticed such experiences to have on Veterans you work with? [If Supervisor / NCH: ...have on justice involved Veterans the Specialists work with?]

→ Hear out what they say spontaneously, then ask about any of these not mentioned, as time & focus permits:

- Curtailed opportunities or access to needed resources, programs, benefits, services, etc
- Anticipated stigma? (Veterans avoiding certain things out of expectation of experiencing stigma)
- Internalized stigma? (Veterans absorbing stigma messages into their beliefs about themselves)
- Impact on health utilization? (Stigma experiences or anticipating stigma impacting their healthcare)
- Impact on legal situation? (Stigma from others or self impacting legal process, decisions, etc)

(for sections below do not repeat questions / topics that were substantially discussed during sections above)

3. How do experiences with stigmatization usually come up with the Veterans you work with?

[If Supervisor / NCH ask instead: SKIP this question]

- Who usually initiates the discussion? When (what circumstances) do they tend to do that?
- What are the main issues you talk about?
- How do such conversations usually go?
- Recent example or story?

4. How do experiences with stigmatization usually come up with the Veterans you work with?

[If Supervisor / NCH ask instead: SKIP this question]

- Who usually initiates the discussion? When (what circumstances) do they tend to do that?
- What are the main issues you talk about?
- How do such conversations usually go?
- Recent example or story?

5. How could VJP and/or your facility better support you in addressing stigmatization of the Veterans you work with? What do you need to do that?

[If Supervisor / NCH ask instead: From your perspective and experience how could VJP or your facility better support Specialists in addressing stigmatization]

- Both addressing it with the Veterans themselves & addressing the issue with others such as sources of stigma, decision makers or gate keepers, facility or clinical personnel.
- Information or resources that would be helpful?
- Skills you would find useful to acquire or improve?
- Obstacles or barriers you encounter in addressing?
- Could be working directly with the Veterans, or managing situations that affect them, or other.
- Other ways that your facility or VJP could be of help to you re stigmatization and its effects on Veterans you work with?

6. Ending

- Thank them again for their help
- Tell them that we'll be sharing a summary of the interviews over the VJP network in several months
- And that the ideas they've shared will be used directly to create resources to support their work = year 2 of the project

VJP Peer Specialist (Virtual) Focus Group Guide

Pre-Group Preparations

- Confirm platform, link, that reminders were sent out, and which participants to expect
- Confirm roles among team members attending, below
- Consider printing a copy of this Guide to have on hand

Focus Group Roles Overview

First Facilitator Core Responsibilities:

- Greet people, help get settled, set at ease, check off that they are attending
- Go over "housekeeping" tasks (such as use of Chat, request re cameras on, list is below in relevant spot)
- Open, facilitate, and close the discussion at each part of the focus group
- Exercise mild control, direct focus of discussion, transitions, adjust Qs to discussion, note time to move on,
- Upbeat, curious, respectful, active listening stance; ensure various voices heard, work with group dynamic,
- Ask clear straightforward questions clearly.

- Take care of needs that arise during the group: late comers, early leavers, interruptions
- Do post-mtg debrief with Second Facilitator

Second Facilitator Core Responsibilities:

- Be friendly, help participants feel welcome; assist with “housekeeping” tasks if needed.
- Take detailed notes of important ideas, group discussion, verbatim quotes when possible
 - typed preferred, hand-written ok but must be typed up afterwards.
 - Create notes doc ahead of time, with date, notetaker name,
 - Take notes as conversation happens, we’ll re-organize by question or topic later.
 - When possible, include “process” notes like mood of the room, one person dominates, attitudes,
- Assist with facilitation by drawing First’s attention to person or issues as needed, incl monitoring the Chat
- May occasionally ask a Q, especially near the end.
- Copy meeting’s Chat into meeting notes, from Teams
- Do post-mtg debrief together

Platform Preparation

- Anything we need to do re “settings” for the Team meeting ahead of time?
- Facilitators join the Teams meeting 10 min early

As Participants Assemble

- Welcome people, assure in right place, help them get settled,
- Check off Attendance, note people who are missing
- Start at 5 after the appointed time

(1) Opening the Group (start by 5 after)

- Thank everyone for coming.
- Introduce facilitators by name and role
- Briefly remind of purpose / focus:
 - INCLUDE Brief description of VJP since some PSs will be from HCHV and may not know VJP or only vaguely
- Summary re what to expect re discussion, flow, and recording
- Request cameras on if possible,
- We’ll prioritize verbal discussion over the Chat, but its OK to put comments in it. Facilitator2 will monitor and may verbalize things from it into discussion, or any of you are welcome to as well.
- How we’ll do turn taking:
 - Please feel free to stay Unmuted so that you can speak, comment, chime in spontaneously.
 - At the same time, try to be aware of when others are wanting to speak as well.
 - As needed I will create a speaking “stack” and acknowledge who is waiting and next by who looks like they’d like to talk or uses the raised hand
 - If I miss you, apologies, please put a note in the chat, which (other person) will monitor
 - Also, occasionally I may ask to “go around” to see if everyone wants to make a comment, or ask specific person.
- Questions?

A couple more points before we get started:

- i. Not Research, QI, but is voluntary, we don't tell anyone who took part or did not, or what anyone said or did not.
- j. After introductions, we'll turn on the recording... just to check our notes, no one else has access.
- k. brief explanation of STIGMA from interview guide: prejudice, discrimination, bias specifically re justice involvement, and likely interactions with other social identities.
- l. Remind that we want to hear different experiences and views. Not agreeing is OK

(2) Introductions: To get started, we'll do introductions around the room. Please introduce yourself briefly with your name and any sentence or two you want about your work with Justice Involved Veterans, since that is what brings us together here today.

- a. not recorded but please DO take notes
- b. Our chance to know what PS even do with justice involved veterans!

<Turn on Recording >

Remind that we want to hear different experiences and views. Not agreeing is OK

And that asking Qs is great at any time.

(3) What kinds of prejudice or stigma do you see Justice Involved Veterans experiencing?

- a. In justice settings, if you are even with them there?
- b. In VA settings and programs?
- c. In other places (public, family, etc)

(4) How does stigma come up in your conversations with Veterans you are assisting? If it does?

- a. When do you bring up the topic of discrimination or stigma with a Veteran? Or group?
- b. When do Veterans bring it up to you?
- c. How do the conversations usually go?

(5) What kinds, if any, of prejudice or stigma do YOU encounter because of your work with Justice Involved Veterans?

- a. How does being in a Peer Specialist position interact or affect this?

(6) If not already covered in discussion of the above, ask explicitly about ANTICIPATED Stigma re Veterans work with

(7) If not already covered in discussion of the above, ask explicitly about INTERNALIZED Stigma re Veterans work with

(8) What could your program or unit or facility, or VJP, do that would help you help JI Veterans regarding prejudice and stigma?

(9) Close the Group

- Thank everyone again, and tell them we are done
- Facilitators stay on, keep recording going, as people leave
- Once all participants have left, facilitators debrief
 - Make sure notes are saved,
 - Remind Notetaker to go to meeting chat in Teams and copy into notes document
 - Discuss immediate impressions, unusual circumstances, ideas that came to mind during this group, what went well or not, issues to resolve, etc = on the recording
 - Note any loose ends and who will attend to each
- When done, say good bye and then end meeting (which will end recording as well)
- Facilitator logs in who of the expected attended and who did not, following SOP and notifying Lynn

VJP Veteran Client (Virtual) Focus Group Guide

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Platform Preparation

- Anything we need to do re "settings" for the Team meeting ahead of time?
- Facilitators join the Teams meeting 10 min early

As Participants Assemble

- Welcome people, assure in right place, help them get settled,
- Check off Attendance, note people who are missing
- Start at 5 after the appointed time

(1) Opening the Group (start by 5 after)

- Thank everyone for coming.
- Introduce facilitators by name and role
- Briefly remind of purpose / focus:
 - Our MIRECC team's role in helping the national VJP program set priorities regarding more attention to reducing the problems that stigma causes justice-involved Veterans.
 - We are gathering information about what is needed from a variety of sources, and of course wanted to include Veterans who take part in VJP services and work with the Specialists.

So, in a minute we'll go around with some introductions, but first a couple of housekeeping things.

- Summary re what to expect re discussion, flow, and recording
- Request cameras on if possible,
- We'll prioritize verbal discussion over the Chat, but its OK to put comments in it. Facilitator2 will monitor and may verbalize things from it into discussion, or any of you are welcome to as well.
- How we'll do turn taking:
 - Please feel free to stay Unmuted so that you can speak, comment, chime in spontaneously.
 - At the same time, try to be aware of when others are wanting to speak as well.
 - As needed I will create a speaking "stack" and acknowledge who is waiting and next by who looks like they'd like to talk or uses the raised hand
 - If I miss you, apologies, please put a note in the chat, which (Justine and I) will monitor
 - Also, occasionally I may ask to "go around" to see if everyone wants to make a comment, or ask specific person.
- Questions?

A couple more points before we get started:

- Not Research, QI, but is voluntary and confidential

- j. That is, we don't tell anyone who took part or did not, or what anyone said or did not say, and we won't identify you.
- k. And it is fine to just not answer any question you don't want to, or even to leave if you wish.
- l. Please also know that you don't have to say any specifics about your legal involvement
- m. We ask that everyone participating respect these same privacy measures and not repeat things said in this discussion, BUT at the same time we cannot guarantee it. Someone could slip or choose to share something you say... so you probably don't want to say things that you prefer to keep entirely private.
- n. After introductions, we'll turn on the recording... just to check our notes, no one else has access.
- o. Give a brief explanation of STIGMA from interview guide: prejudice, discrimination, bias specifically re justice involvement, and likely interactions with other social identities.
- p. Remind that we want to hear different experiences and views. Not agreeing is OK

- (2) Introductions: To get started, we'll do introductions around the room. Please introduce yourself briefly with your name and a sentence or two about how you are involved with VJP since that is what brings us together here today, and your branch of service if you wish.
- a. not recorded but please DO take notes

<Turn on Recording >

Remind that we want to hear different experiences and views. Not agreeing is OK

And that asking Qs is great at any time.

- (3) In your experience, what are the main types of prejudice or stigma that you experience as a Veteran who has been involved in the justice system in some way?
- a. Where?
 - b. From what sources?
 - c. What messages or assumptions?
 - d. Things you observe about the experiences with stigma of other Justice involved Veterans?
- (4) If not already covered in discussion of the above, ask explicitly about ANTICIPATED Stigma
- a. Define
 - b. Self first
 - c. In what situations, what is anticipated?
 - d. What messages or assumptions?
 - e. Things you observe about the experiences with stigma of other Justice involved Veterans?
- (5) If not already covered in discussion of the above, ask explicitly about INTERNALIZED Stigma
- a. Define
 - b. Self first
 - c. In what situations, what is anticipated?
 - d. What messages or assumptions?
 - e. Things you observe about the experiences with stigma of other Justice involved Veterans?

- (6) Going back to the VJP programs and staff... how does dealing with stigma come up in your working with them? If it does?
- When do you bring up the topic of discrimination or stigma?
 - Or when does a VJP staff person bring it up to you?
 - How do the conversations usually go?
- (7) Thinking about the big picture, how could the VJP programs and staff, nationally or locally to you, be more help to you in regarding prejudice and stigma?

(8) Close the Group

- Thank everyone again, and tell them we are done
- Facilitators stay on, keep recording going, as people leave
- Once all participants have left, facilitators debrief
 - Make sure notes are saved,
 - Remind Notetaker to go to meeting chat in Teams and copy into notes document
 - Discuss immediate impressions, unusual circumstances, ideas that came to mind during this group, what went well or not, issues to resolve, etc = on the recording
 - Note any loose ends and who will attend to each
- When done, say good bye and then end meeting (which will end recording as well)
- Facilitator logs in who of the expected attended and who did not, following SOP and notifying Lynn